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Bib Data Sheet

CONFIRMATION NO. 7027

<b>SERIAL NUMBER</b> 09/681,245	<b>FILING DATE</b> 03/05/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161	<b>ATTORNEY DOCKET NO.</b> 30275012	
<b>APPLICANTS</b> Stephen Charles Salisbury, San Diego, CA; ** CONTINUING DATA ***** <i>None</i> <i>YH</i> ** FOREIGN APPLICATIONS ***** <i>None</i> <i>YH</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 04/17/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>YH</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 028109					
<b>TITLE</b> Consumer electronic medical record file sharing system (CEMRFS)					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		